



# POTENTIAL HAZARDOUS WASTE SITE IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION 6 SITE NUMBER (to be assigned by HQ) TX07021

**NOTE:** This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

**GENERAL INSTRUCTIONS:** Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

## I. SITE IDENTIFICATION

|                                                                                                                                                                                                                                                           |                   |                                                         |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------------------------------------------|--------------------------|
| A. SITE NAME <i>Garland City 58 Ld</i> TDH permit #1277<br>Castle Road & Miles Road Site-#05/50580                                                                                                                                                        |                   | B. STREET (or other identifier)<br>Castle at Miles Road |                          |
| C. CITY<br>Garland                                                                                                                                                                                                                                        | D. STATE<br>Texas | E. ZIP CODE<br>75040                                    | F. COUNTY NAME<br>Dallas |
| G. OWNER/OPERATOR (if known)<br>1. NAME<br>Site owned by the City of Garland                                                                                                                                                                              |                   | 2. TELEPHONE NUMBER<br>214/4947100                      |                          |
| H. TYPE OF OWNERSHIP<br><input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input checked="" type="checkbox"/> 4. MUNICIPAL <input type="checkbox"/> 5. PRIVATE <input type="checkbox"/> 6. UNKNOWN |                   |                                                         |                          |

|                                                                                                                                                                                                            |                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| I. SITE DESCRIPTION<br>This site is a TDH permitted landfill. <u>However, it is not in operation as of yet.</u> It is adjacent to the existing Garland landfill (TDH #1062) and will be subsequently used. |                                                 |
| J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.)<br>North Central Texas COG                                                                                                            | K. DATE IDENTIFIED (mo., day, & yr.)<br>9/23/80 |
| L. PRINCIPAL STATE CONTACT<br>1. NAME <i>George W. Morris P.E.</i>                                                                                                                                         |                                                 |
| 2. TELEPHONE NUMBER<br>512/458-7271                                                                                                                                                                        |                                                 |

## II. PRELIMINARY ASSESSMENT (complete this section last)

|                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| A. APPARENT SERIOUSNESS OF PROBLEM<br><input type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input type="checkbox"/> 3. LOW <input checked="" type="checkbox"/> 4. NONE <input type="checkbox"/> 5. UNKNOWN                                                                                                                                                                                                             |  |
| B. RECOMMENDATION<br><input checked="" type="checkbox"/> 1. NO ACTION NEEDED (no hazard)<br><input type="checkbox"/> 2. IMMEDIATE SITE INSPECTION NEEDED<br>a. TENTATIVELY SCHEDULED FOR: _____<br>b. WILL BE PERFORMED BY: _____<br><input type="checkbox"/> 3. SITE INSPECTION NEEDED<br>a. TENTATIVELY SCHEDULED FOR: _____<br>b. WILL BE PERFORMED BY: _____<br><input type="checkbox"/> 4. SITE INSPECTION NEEDED (low priority) |  |
| <div style="text-align: right;"> <b>SUPERFUND FILE</b><br/> <b>AUG 21 1992</b><br/> <b>REORGANIZED</b> </div>                                                                                                                                                                                                                                                                                                                         |  |

|                                                                         |  |                                     |                                       |
|-------------------------------------------------------------------------|--|-------------------------------------|---------------------------------------|
| C. PREPARER INFORMATION<br>1. NAME<br>Rex H. Hunt <i>R.H. Hunt P.E.</i> |  | 2. TELEPHONE NUMBER<br>817/460-3032 | 3. DATE (mo., day, & yr.)<br>02/20/81 |
|-------------------------------------------------------------------------|--|-------------------------------------|---------------------------------------|

## III. SITE INFORMATION

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A. SITE STATUS<br><input type="checkbox"/> 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.)<br><input checked="" type="checkbox"/> 2. INACTIVE (Those sites which no longer receive wastes.)<br><input type="checkbox"/> 3. OTHER (specify): _____<br>(Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.) |                                                                                                                                                            |
| B. IS GENERATOR ON SITE?<br><input checked="" type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES (specify generator's four-digit SIC Code): _____                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                            |
| C. AREA OF SITE (in acres)<br>61.5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES<br>1. LATITUDE (deg.-min.-sec.)<br>32°56.25'<br>2. LONGITUDE (deg.-min.-sec.)<br>96°34.80' |
| E. ARE THERE BUILDINGS ON THE SITE?<br><input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify): <u>abandoned house. Will probably be removed prior to opening</u>                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                            |

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## V. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

| <input checked="" type="checkbox"/> A. TRANSPORTER | <input checked="" type="checkbox"/> B. STORER | <input checked="" type="checkbox"/> C. TREATER | <input checked="" type="checkbox"/> D. DISPOSER |
|----------------------------------------------------|-----------------------------------------------|------------------------------------------------|-------------------------------------------------|
| 1. RAIL                                            | 1. PILE                                       | 1. FILTRATION                                  | 1. LANDFILL                                     |
| 2. SHIP                                            | 2. SURFACE IMPOUNDMENT                        | 2. INCINERATION                                | 2. LANDFARM                                     |
| 3. BARGE                                           | 3. DRUMS                                      | 3. VOLUME REDUCTION                            | 3. OPEN DUMP                                    |
| 4. TRUCK                                           | 4. TANK, ABOVE GROUND                         | 4. RECYCLING/RECOVERY                          | 4. SURFACE IMPOUNDMENT                          |
| 5. PIPELINE                                        | 5. TANK, BELOW GROUND                         | 5. CHEM./PHYS. TREATMENT                       | 5. MIDNIGHT DUMPING                             |
| 6. OTHER (specify):                                | 6. OTHER (specify):                           | 6. BIOLOGICAL TREATMENT                        | 6. INCINERATION                                 |
|                                                    |                                               | 7. WASTE OIL REPROCESSING                      | 7. UNDERGROUND INJECTION                        |
|                                                    |                                               | 8. SOLVENT RECOVERY                            | 8. OTHER (specify):                             |
|                                                    |                                               | 9. OTHER (specify):                            |                                                 |

## E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

Site is not in use as of yet. When opened, it will accept only municipal solid waste.

## V. WASTE RELATED INFORMATION

A. WASTE TYPE none. site not opened yet

☐ 1 UNKNOWN    ☐ 2. LIQUID    ☐ 3. SOLID    ☐ 4. SLUDGE    ☐ 5. GAS

## B. WASTE CHARACTERISTICS

☐ 1 UNKNOWN    ☐ 2. CORROSIVE    ☐ 3. IGNITABLE    ☐ 4. RADIOACTIVE    ☐ 5. HIGHLY VOLATILE  
☐ 6. TOXIC    ☐ 7. REACTIVE    ☐ 8. INERT    ☐ 9. FLAMMABLE
☐ 10. OTHER (specify): n/a

## C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

| a. SLUDGE                                               | b. OIL                                              | c. SOLVENTS                                                  | d. CHEMICALS                                  | e. SOLIDS                                      | f. OTHER                                                       |
|---------------------------------------------------------|-----------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|------------------------------------------------|----------------------------------------------------------------|
| AMOUNT                                                  | AMOUNT                                              | AMOUNT                                                       | AMOUNT                                        | AMOUNT                                         | AMOUNT                                                         |
| UNIT OF MEASURE                                         | UNIT OF MEASURE                                     | UNIT OF MEASURE                                              | UNIT OF MEASURE                               | UNIT OF MEASURE                                | UNIT OF MEASURE                                                |
| <input checked="" type="checkbox"/> (1) PAINT, PIGMENTS | <input checked="" type="checkbox"/> (1) OILY WASTES | <input checked="" type="checkbox"/> (1) HALOGENATED SOLVENTS | <input checked="" type="checkbox"/> (1) ACIDS | <input checked="" type="checkbox"/> (1) FLYASH | <input checked="" type="checkbox"/> (1) LABORATORY PHARMACEUT. |
| (2) METALS SLUDGES                                      | (2) OTHER (specify):                                | (2) NON-HALOGENATED SOLVENTS                                 | (2) PICKLING LIQUORS                          | (2) ASBESTOS                                   | (2) HOSPITAL                                                   |
| (3) POTW                                                |                                                     | (3) OTHER (specify):                                         | (3) CAUSTICS                                  | (3) MILLING/ MINE TAILINGS                     | (3) RADIOACTIVE                                                |
| (4) ALUMINUM SLUDGE                                     |                                                     |                                                              | (4) PESTICIDES                                | (4) FERROUS SMLTG. WASTES                      | (4) MUNICIPAL                                                  |
| (5) OTHER (specify):                                    |                                                     |                                                              | (5) DYES/INKS                                 | (5) NON-FERROUS SMLTG. WASTES                  | (5) OTHER (specify):                                           |
|                                                         |                                                     |                                                              | (6) CYANIDE                                   | (6) OTHER (specify):                           |                                                                |
|                                                         |                                                     |                                                              | (7) PHENOLS                                   |                                                |                                                                |
|                                                         |                                                     |                                                              | (8) HALOGENS                                  |                                                |                                                                |
|                                                         |                                                     |                                                              | (9) PCB                                       |                                                |                                                                |
|                                                         |                                                     |                                                              | (10) METALS                                   |                                                |                                                                |
|                                                         |                                                     |                                                              | (11) OTHER (specify):                         |                                                |                                                                |

## V. WASTE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

Since not waste has ever been taken at this site, it cannot be considered a hazardous waste site.

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

## VI. HAZARD DESCRIPTION

| A. TYPE OF HAZARD                                      | B. POTENTIAL HAZARD (mark 'X') | C. ALLEGED INCIDENT (mark 'X') | D. DATE OF INCIDENT (mo., day, yr.) | E. REMARKS |
|--------------------------------------------------------|--------------------------------|--------------------------------|-------------------------------------|------------|
| 1. NO HAZARD                                           | XXXXX                          |                                |                                     |            |
| 2. HUMAN HEALTH                                        |                                |                                |                                     |            |
| 3. NON-WORKER INJURY/EXPOSURE                          |                                |                                |                                     |            |
| 4. WORKER INJURY                                       |                                |                                |                                     |            |
| 5. CONTAMINATION OF WATER SUPPLY                       |                                |                                |                                     |            |
| 6. CONTAMINATION OF FOOD CHAIN                         |                                |                                |                                     |            |
| 7. CONTAMINATION OF GROUND WATER                       |                                |                                |                                     |            |
| 8. CONTAMINATION OF SURFACE WATER                      |                                |                                |                                     |            |
| 9. DAMAGE TO FLORA/FAUNA                               |                                |                                |                                     |            |
| 10. FISH KILL                                          |                                |                                |                                     |            |
| 11. CONTAMINATION OF AIR                               |                                |                                |                                     |            |
| 12. NOTICEABLE ODORS                                   |                                |                                |                                     |            |
| 13. CONTAMINATION OF SOIL                              |                                |                                |                                     |            |
| 14. PROPERTY DAMAGE                                    |                                |                                |                                     |            |
| 15. FIRE OR EXPLOSION                                  |                                |                                |                                     |            |
| 16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS |                                |                                |                                     |            |
| 17. SEWER, STORM DRAIN PROBLEMS                        |                                |                                |                                     |            |
| 18. EROSION PROBLEMS                                   |                                |                                |                                     |            |
| 19. INADEQUATE SECURITY                                |                                |                                |                                     |            |
| 20. INCOMPATIBLE WASTES                                |                                |                                |                                     |            |
| 21. MIDNIGHT DUMPING                                   |                                |                                |                                     |            |
| 22. OTHER (specify):                                   |                                |                                |                                     |            |

## VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

- ☐ 1. NPDES PERMIT    ☐ 2. SPCC PLAN    ☒ 3. STATE PERMIT (specify): TDH permit #1277  
☐ 4. AIR PERMITS    ☐ 5. LOCAL PERMIT    ☐ 6. RCRA TRANSPORTER  
☐ 7. RCRA STORER    ☐ 8. RCRA TREATER    ☐ 9. RCRA DISPOSER  
☐ 10. OTHER (specify): \_\_\_\_\_

B. IN COMPLIANCE?

- ☐ 1. YES    ☐ 2. NO    ☐ 3. UNKNOWN

4. WITH RESPECT TO (list regulation name & number): n/a- site not opened yet

## VIII. PAST REGULATORY ACTIONS

- ☒ A. NONE    ☐ B. YES (summarize below)

## IX. INSPECTION ACTIVITY (past or on-going)

- ☒ A. NONE    ☐ B. YES (complete items 1, 2, 3, & 4 below)

| 1. TYPE OF ACTIVITY     | 2. DATE OF PAST ACTION (mo., day, & yr.) | 3. PERFORMED BY: (EPA/State)                            | 4. DESCRIPTION |
|-------------------------|------------------------------------------|---------------------------------------------------------|----------------|
| Once this site has been | opened,                                  | it will be inspected by regional personnel on a regular |                |
| basis.                  |                                          |                                                         |                |
|                         |                                          |                                                         |                |

## X. REMEDIAL ACTIVITY (past or on-going)

- ☒ A. NONE    ☐ B. YES (complete items 1, 2, 3, & 4 below)

| 1. TYPE OF ACTIVITY | 2. DATE OF PAST ACTION (mo., day, & yr.) | 3. PERFORMED BY: (EPA/State) | 4. DESCRIPTION |
|---------------------|------------------------------------------|------------------------------|----------------|
|                     |                                          |                              |                |
|                     |                                          |                              |                |
|                     |                                          |                              |                |

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.

#05/50580

SCALE:  
1" = 1/2 MI